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ABSTRACT

The history, rationale and methodology of the preretirement preparation program in the format of a group educational experience is traced from its origin 30 years ago by the gerontologist W. Hunter to the present. The program is described and discussed in detail, in terms of content and theoretical dynamics. As retirement is often a psycho-social crisis the program is also reviewed in terms of "crisis intervention" theory. The psychiatrist or psychologist has several key roles to play in these programs; as a consultant and lecturer for the animator training program as well as direct participation in programs as the invited expert for the session on psychological adjustment and mental health. Possible methods of measuring and evaluating effectiveness as a preventive measure are also briefly discussed. A content summary outlining the eight sessions comprising the typical program is provided. (Author)

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PRIMARY PREVENTION FOR THE SENIOR CITIZEN:

THE PREPARATION FOR RETIREMENT PROGRAM

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The Preparation for Retirement Program was originaly devised in 1948 by Woodrow Hunter, a gerontologist at the University of Michigan (1). His prototype program and variously modified versions have been employed in the United States, Canada, as well as other countries thruout the world, over the past twenty years. Essentially, it is an educational instrument presented in the format of a series of organised group discussion-information sessions, conducted by a trained and experienced animator. The major objectives are to accurately inform the future retiree, and to help him to adjust and prepare for his or her retirement and the aging process in the years to follow. The desired goal is optimal physical, social and psychological well-being, accompanying and following retirement, and continuing into the senior years. The program is usually taken somewhere in the period between one and two years prior to retirement, and sometimes as is becoming increasingly common, even earlier.

As a realization of one of the recommendations of the first Canadian Conference on Aging (2) sponsored by the Canadien Welfare Council in 1966, there has been a systematic and widespread establishment of preparation for retirement programs thruout Canada. These are now offered routinely to the employees and spouses of some municipal, provincial and federal government agencies, many private and government owned enterprises, members of certain unions and professional associations, as well as in the scope of the evening community adult education programs sponsored by universities, colleges, high schools, churches and synagogues thruout the country.

I am presently personaly involved at various levels in several of these programs in the Montreal area (notably the Radio Canada program and the programs sponsored by the Continuing education division of the University of Montreal), serving in the capacity of consultant to the responsables, lecturer in the animator training and education programs, as well as directly participating in many of the actual programs, as the invited expert for the sessions on preventive medicine, mental health and psychological adjustment to retirement and aging.

Retirement as a psychological crisis

The retirement period can be considered to more or less represent a psychosocial crisis in the lives of most individuals (3). Retirement is necessarily a significant event, which invariably, but to different degrees depending on the individual, involves separation anxieties, losses of occupationally related sources of pleasure, status, satisfaction and security, as well as rational and sometimes irrational fears revolving around the losses of physical and mental capacities, associated with aging and death (4).

The maintenance of good mental health requires adjustment to the losses and separations and their replacement with new sources of pleasure and satisfaction, adoption of a new life style and successfully coping with the physiological, physical and psychological problems relating to aging and death. The unprepared and the otherwise more vulnerable individual is less likely to successfully resolve the crisis, and the resulting stress and maladjustment will often have serious deleterious

effects on his physical and mental health. The particular degree of stress and maladaptation that retirement and aging are likely to induce in a given individual will ultimately depend on many factors such as the individual's basic personality, financial situation, health, occupation, marital status, education, values and habits.(5, 6, 7). For example, epidemiological studies (8, 9, 10).have clearly demonstrated that poor physical health, financial insecurity and being unmarried are important factors among others which definitely increase the risk of development of mental disorders among the retired and aged. The organization, attitudes, values, customs and beliefs of the society and particular culture to which the individual belongs are also crucial contributing factors in determining the ultimate dynamics, significance and consequences of retirement and the individuals entrance into his senior years (6, 11). The natural problems inherent to retirement and aging are of course unfortunately enormously magnified in our modern dehumanising, productivity oriented, desecularised, highly competitive, and youth worshipping western societies (11, 12).

The Retirement preparation program was originaly conceived and is primarily regarded as "educational". However it will become readily apparant to the mental health professional that it can also seen in many aspects as corresponding well to the crisis intervention concept of preventive psychiatry, as expounded in the theories of Lindemann (13) and Caplan (14).

This will be discussed further along with other theoretical considerations following the complete descriptive review of the program.

Methodology and Content

The Pre-retirement preparation program is a group educational experience. A typical program consists of from ten to twenty participants who meet for eight to ten prescheduled sessions over a period of several months, under the guidance of a trained and experienced animator (and co-animator if employed). Each session covers a different subject and is presided by the animator or the guest expert invited for the session. The experts commonly employed consists usually of a lawyer to discuss legal issues, a financial expert, a physician with geriatric experience and a psychiatrist or psychologist. The sessions are from two to two and one-half hours in duration and consist of combinations of the distribution of a variety of informative litterature, lectures, discussions, an occasional audeovisual display (and question and answer sessions with the expert). The major subjects covered are financial issues, housing, physical health, legal matters, leisure activities, and psychological adaptation and mental hygiene. A detailed descriptive outline of a typical program is provided on the following page.(15)

Extensions of the basic program

In some programs participants are invited to continue if they feel the need or desire, constituting a social or therapeutic group. These are particularly helpful to the more isolated, troubled, and vulnerable individuals. There are also instances where a group might wish to continue on its own and form a retirement club, especially when a satisfactory one is not ready available in their community.

SCHEMATIC OUTLINE OF A TYPICAL PROGRAM

1st Session — General Introduction. Desensibilisation and Awareness.

Outline and discussion of subjects to be covered. Exploration of other possibilities according to the interests of the participants. Getting acquainted period of the participants among themselves and with their group leader (animator).

2nd Session — Health. Physician guest speaker. Nutritionist guest speaker.

The physiology of aging, health problems common with advancing age. The importance of prevention and the different kinds of preventive medicine measures recommended. Physical exercise. The proper and equilibrated diet. Relationships between mental and physical health. Questions and Answers.

3rd Session — Legal Issues. Lawyer guest speaker.

Wills, Consumer rights, charitable donations. Marital Contracts, Questions and Answers.

4th Session — Financial Matters. Financial Expert guest speaker.

Social Security and pension funds, public and private. The importance of planning. The Budget. Questions and Answers.

5th Session — Leisure Activities.

Renumerated work. Benevolent work. Creativity. Hobbies. Sports. The importance of activity. Travel. Clubs and services for the retired and aged.

6th Session — Living Accomodations.

The different types of housing and lodging possibilities. The economic and psychological advantages and disadvantages of each. How to choose.

7th (or 8th*) Session — Psychological adjustment to Retirement. Psychiatrist or psychologist guest speaker.

The psychology of aging and of the retiree. Adjustment of the individual and the couple. Family relations. The psychological problems of senior citizens. The interdependence of physical and mental health. Sexuality after sixty-five. The need to love and be loved. Death and Dying, etc. Questions and Answers.

*N.B. Not infrequently, two sessions are reserved for psychological adjustment, rather than one.

8th (or 9th) — Synthesis and Conclusion.

Other subjects decided by the group or the animator. Suggestions and Planning for further activities if any (such as formation of a therapeutic group, organization of a retirement club). Sometimes, retirees are invited to discuss their experiences and offer additional suggestions to the future retiree. Final comments and synthesis by animator.

Preventive Medicine thru Health Education: The Session on Health

Independent of the particular etiological agent and the environment per se, an important and often neglected determinant in the over-all prevalence and incidence of a disease entity in a population is the factor of the individuel at risk himself. His knowledge and understanding of the disease, attitude, habits, and motivation to cooperate are among the non-congenital elements which affect ultimate vulnerability, as well as the degree of success or failure of many types of preventive programs or therapeutic measures proscribed.

The objectives of the session on health in the pre-retirement preparation program are therefore, to inform the future senior citizen and assure that he is fully aware of all that he can and should do to protect his own health and well-being. What we are thus attempting is to reduce his or her vulnerability to the various disease conditions common in later life, and their consequences, to the absolute minimum possible, in the light of present knowledge, employing all currently available preventive and therapeutic measures.

CONTENT

The session usually commences with the major general measures. Included here are the importance and principles of proper diet and nutrition,

physical exercise, flu immunization, accident prevention measures, particularly in the home, Seeking early treatment, Following therapeutic regimes, Medications, their use, abuse and dangers.

Next the major health problems common in later life are fully discussed in simple, understandable lay terms, including description causes, early symptoms and signes, the prosently employed preventive and therapeutic measures and their efficacity. Usually covered are diabetes, hypertension, cardiovascular disease, emphysema and bronchitis, glaucoma, arthritis, cancer and depression. Also cerebrovascular disease, causes and significance of memory loss and mental confusion, head trauma.

Lastly a question and answer period is conducted to answer the individuel participant's health related questions and clarify any issue which may not have been completely comprehended.

Distribution of pamphlets (health literature) and the presentation of some audiovisuel material can make the session more interesting and lively, as well as contributing to increased effectiveness.

For those individuals without close relationships and those with serious problems creating obvious difficulties in adapting, involvment in some type of group process continuously through the year preceeding and the year following retirement, could provide needed emotional support, as well as inducing therapeutic changes in behavior and life style.

It should be possible in organizational type programs to identify "high risk" individuals, based on personal, family, social and medical histories; since to a large extent the characteristics of the individuals and circumstances which represent an increased risk are already known (9, 10). Individuals so identified could then become candidates for counselling and/or participation in special groups.

Basic resources and Responsability

Being essentially and educational program, the basic core responsability for the preparation for retirement program in terms of organization, content and the training of monitors is usually that of a University Department of Adult Continuing Education. The overall direction in most instances is assumed by an educator (Med or Ph. D), having some training in social work or psychology plus experience in working with the older age groups. The animators are recruited primarily among teachers, but also social workers and sometimes non-professionals with appropriate experience. Individuals with the qualities of warmth, empathy, maturity and leadership in addition to some type of experience in teaching, counseling and working with groups, as well as an interest in, and some type

of experience with, the elderly, are considered to be the ideal candidates. The special training program is relatively short in most instances (part-time for 6-10 months), and consists of a series of didactic theoretical courses plus the practical experience of serving as an co-animator in several groups with an experienced principal animator. There are usually also annual continuing education sessions to encourage perfectioning of technique, disseminate the latest documentation, and permit exchange of ideas and experiences. Of course corporate, ecclesiastical and organizational programs are totaly independent, but the directors and animators have usually received training in some academic institution which provides instruction for this type of activity.

Evaluation of Effectiveness

Several studies designed to measure changes in attitudes and behavior via comparisons of tests and questionnaires administered prior to and soon after completion of a program, have been published, suggesting favorable effects. Mack (16) and Charles (17) in separate and independent studies both concluded that the preparation for retirement program according to the analysis of their data significantly increased positive attitudes, improved self-image, increased constructive planning activities for retirement and effected desirable behavioral changes such as joining organizations and learning new recreational activities.

Reviewing the literature I could find no evidence to date of any

major large scale comprehensive prospective studies designed to measure the possible long term actual impact of preparation for retirement programs in terms of post-retirement mental health. An ideal study would utilize subjective data such as self-reported satisfaction and well-being after retirement, as well as more objective criteria, such as the incidence rates of hospitalization for mental illness, the incidence rates of clinical depression, suicide and chronic brain syndromes, and overall mortality and longevity. Such studies of course present many difficulties, requiring relatively large samples of subjects and an impeccable design which assures that the experimental and control groups to be compared are equalized for all the known dependent bio-socio-demographic variables. Nevertheless, if we wish to eventually attempt to improve our endeavours, comparative analyses regarding the apparent effectiveness of different types of programs or approaches (e.g. when, for whom, by whom) will be necessary. For these, standardized, reliable, and valid criteria of evaluation would be imperative.

The role of the Psychiatrist

The role of the psychiatrist in the preparation for retirement program is an important one. His services are usually required in three fundamental capacities.

1. Consultant activities.

The psychiatrist can provide an invaluable contribution as a consultant to the individual in the academic or other institution

responsable for the organization of programs, their content and the selection and training of monitors. His expertise on human behavior and mental health related to retirement and aging is often sollicited and greatly appreciated.

2. Teaching and Lecturing.

The psychiatrist can be a valuable direct participant in the animator training and continuing education program, and he is usually employed to provide at least one lecture if not more. The subjects include such topics as the psychological dynamics involved with retirement and aging, group dynamics, tranference and countertranference, separation, anxiety, Depression, Death and Dying, Dynamics of the retired couple, Mental Disorders related to retirement and aging and their prevention, and the Need to love and be loved. My own lectures also often include an expose on the concept of crisis intervention, and the basic principles of behavior modification techniques in the group setting.

3. Direct Participation as an invited expert.

A psychiatrist or psychologist is required to serve as the invited expert for the session on psychological adjustment and mental health. His primary task is to explain the emotional and psychological aspects of retirement and aging, provide suggestions concerning preventive mental health, and finally to answer specific questions posed by the participants.

Discussion

It is readily apparent that the approach which is employed in the pre-retirement program is a multidimensional one, borrowing concepts and methods from education, sociology, medicine as well as psychology and psychiatry. Meeting basic human needs, dealing with conflict and change, and coping with anxiety and frustration, are the major ingredients of good mental health; and these are of course the major themes and preoccupations of the program. It must however be emphasized that the animator or a pre-retirement preparation program, albeit that he consciously and unconsciously employs many of the theories and techniques utilised in psychotherapy to alleviate anxiety and psychic pain, provide insights, resolve conflict and produce change, perceives himself primarily as an educator. His primary goal is to assist the individual to prepare and adjust for retirement and aging, and be able to derive an optimum of satisfaction and pleasure in the years to come. To accomplish his goal, he offers a group educational experience in which he employs a variety of pedagogic materials and techniques.

From a psychiatrist's viewpoint, I see an important aspect of the complex therapeutic and preventive process which actually transpires as a combination of a type of group crisis intervention, and brief but intense ecclectic psychotherapy involving multiple "therapists". Earlier I discussed the crisis nature of retirement and pointed out the fact that the pre-retirement program might be viewed in part as a type of crisis intervention. In this context the program could be described as representing an intervention in the group setting which provides support

and anxiety reduction, assists actively with problem solving, thereby promulgating positive change and adjustment conducive to a healthy resolution, while simultaneously attempting to discourage regressive tendencies, undue dependence and attitudes of hopelessness and dispair.

In regard to the mechanisms of the therapeutic processes which often transpire, I believe if the analytically oriented therapist were present at a program from beginning to end he would undoubtedly notice the aspect of the processes of exploration of fears and phantasies development of insights, decathexis and reinvestment of libidinal energies (substitution and replacement) which is being encouraged actively. On the other hand, the behaviorist would readily recognize the fundamental processes of desensitisation, correction of misconceptions and a type of assertive training which is eminently manifest.

Among the more indirect, but highly significant facets of the program in terms of preventive mental health, are assistance with financial matters and the encouragement of preventive medicine we are here thereby effecting two of the dependent factors known to increase the risk of mental illness among the elderly, namely poor physical health and financial difficulties (18,19). Encouraging various leisure activities, sports and hobbies, which helps to avoid inactivity and boredom, is yet another aspect of the program propicious to mental health, as is the encouragement of the joining of organizations and the maintenance of social contacts to prevent isolation and loneliness.

I would like to conclude with some final remarks concerning the more general subject of retirement preparation as a whole, of which the

pre-retirement group represents but the last stage. It is of course obvious that many of the important material and practical aspects of retirement program must be undertaken many years prior to retirement to be effective. For instance, assurance of adequate financial security which as already mentionned represents a very important factor for well being and mental health of the retired and elderly, requires savings, investments or participation in some type of pension fund, which usually must commence at least twenty years prior to retirement if not more. Fortunately,it is now relatively common practice for industry, governement unions and professional associations to provide voluntary or involuntary pension plans for their employees or members, accompanied frequently by retirement counceling (20). Hopefully our society will eventually assure greater security for its elderly via greater social security benefits with hedges against inflation, extension of free health care benefits, along with improvements in health care facilities and the health care delivery system. By thus improving physical health and financial security among the retired and elderly, we could speculate a reduction in the high prevalence of mental disorders, in these age groups (10). We must however also remain aware of the fact that a general trend has developed towards increasingly earlier retirement, and this may well lead to an increase in the problems related to loss of purpose, boredom and anomie, unless new values, structures and attitudes are created in society (21,22).

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